

Commercial Reroofing Permit Application

City of Corvallis, Development Services Division PO Box 1083, Corvallis OR 97339

501 SW Madison Avenue, Corvallis OR 97333

Phone: 541-766-6929

F-mail: development services@corvallisoregon gov

| Web: www.corv | <u></u> | |
|--|--|---|
| JOB SITE | LOCATION | REQUIRED DATA |
| Job site address (or map & tax lot number): | | Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. |
| DESCRIPTION OF WORK | | Valuation: \$ |
| (Please include occupancy designation and use of building): | | Job Start Date: |
| | | Roof Square Footage: |
| | | Number of Squares: |
| APPLICANT (OWNER OR AGENT) | | Number of Existing Layers: |
| Company name: | | One Two |
| Contact name: | | |
| Address: | | ☐ Altering ☐ Overlaying ☐ New |
| City, state, zip: | | If altering, will you be replacing insulation? |
| Phone: | Fax: | ☐ Yes ☐ No |
| E-mail: | | Yes = Requires commercial review to address Energy Code. |
| Applicant's signature: | | Type of Roofing: (ie: composition, metal) |
| Print name: | Date: | |
| INSPECTION CONT | ACT INFORMATION | Class of Roof: Class A |
| Name: | Phone: | If other type of class a structural review is required. |
| Email: | | |
| CONTRACTOR | | PLEASE NOTE: Intake fees initiate the plan review process. All remaining plan review fees are collected at |
| Business name: | | |
| Address: | | the time of permit issuance. If the application is expired |
| riddress. | | the time of permit issuance. If the application is expired or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand |
| City, state, zip: | | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. |
| | Fax: | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: |
| City, state, zip: Phone: E-mail: | | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. |
| City, state, zip: Phone: E-mail: CCB license number: | Expiration date: | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: ***This application is valid for 180 days*** |
| City, state, zip: Phone: E-mail: CCB license number: SUBMITTAL D | Expiration date: OCUMENTS | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: ***This application is valid for 180 days*** PLAN REVIEW |
| City, state, zip: Phone: E-mail: CCB license number: SUBMITTAL D The following items must accompany this ap Basic site plan – illustrate the area of work | Expiration date: OCUMENTS plication: and | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: ***This application is valid for 180 days*** PLAN REVIEW Please check all that apply. Structural or other permits may be required along with a three week review period. Changing Roof Type |
| City, state, zip: Phone: E-mail: CCB license number: SUBMITTAL D The following items must accompany this ap Basic site plan – illustrate the area of work distances to any neighboring structures and | Expiration date: OCUMENTS plication: and property lines. | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: ***This application is valid for 180 days*** PLAN REVIEW Please check all that apply. Structural or other permits may be required along with a three week review period. Changing Roof Type Structural Changes |
| City, state, zip: Phone: E-mail: CCB license number: SUBMITTAL D The following items must accompany this ap Basic site plan – illustrate the area of work distances to any neighboring structures and Please locate staging area of roofing materia | Expiration date: OCUMENTS plication: and property lines. als. | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: ***This application is valid for 180 days*** PLAN REVIEW Please check all that apply. Structural or other permits may be required along with a three week review period. Changing Roof Type Structural Changes Class B Roof |
| City, state, zip: Phone: E-mail: CCB license number: SUBMITTAL D The following items must accompany this ap Basic site plan – illustrate the area of work distances to any neighboring structures and | Expiration date: OCUMENTS plication: and property lines. als. | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: ***This application is valid for 180 days*** PLAN REVIEW Please check all that apply. Structural or other permits may be required along with a three week review period. Changing Roof Type Structural Changes Class B Roof Class C Roof |
| City, state, zip: Phone: E-mail: CCB license number: SUBMITTAL D The following items must accompany this ap Basic site plan – illustrate the area of work distances to any neighboring structures and Please locate staging area of roofing materia Product sheets that show the classification | Expiration date: OCUMENTS plication: and property lines. uls. of the roofing | or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: ***This application is valid for 180 days*** PLAN REVIEW Please check all that apply. Structural or other permits may be required along with a three week review period. Changing Roof Type Structural Changes Class B Roof |

| DEPARTMENT USE ONLY | |
|---------------------|--|
| Permit No: | |
| Receipt No: | |
| Date: | |

| · | | |
|---|--|--|
| Job Start Date: | | |
| Roof Square Footage: | | |
| | | |
| Number of Squares: | | |
| | | |
| Number of Existing Layers: | | |
| ☐ One ☐ Two | | |
| | | |
| ☐ Altering ☐ Overlaying ☐ New | | |
| If altering, will you be replacing insulation? ☐Yes ☐No | | |
| Yes = Requires commercial review to address Energy Code. | | |
| Type of Roofing: (ie: composition, metal) | | |
| | | |
| Class of Roof: Class A | | |
| If other type of class a structural review is required. | | |
| PLEASE NOTE: Intake fees initiate the plan review process. All remaining plan review fees are collected at the time of permit issuance. If the application is expired or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: | | |
| ***This application is valid for 180 days*** | | |
| | | |
| PLAN REVIEW | | |
| Please check all that apply. Structural or other permits may | | |
| be required along with a three week review period. | | |
| Changing Roof Type | | |
| Structural Changes | | |
| ☐Class B Roof | | |
| Class C Roof | | |
| Replacing Insulation | | |
| Mechanical Work (Permit) | | |
| Plumbing / Drain Lines (Permit) | | |
| | | |

PROCESS/PROCEDURE:

Summary of PRO 3007 Outlines Procedures for the Issuance of Reroofing Permits Full procedure available at www.corvallispermits.com/

- 1. Contractor will apply at counter with two (2) copies of all required submittal documents. Permit fees and State Surcharge will be paid at this time; if review fees are assessed they will be paid at issuance.
- 2. A Project Coordinator will have a maximum of two (2) business days to review submitted documents.
- 3. A Permit Technician will notify applicant that plans are ready, and of any remaining fees due.
- **4.** Contactor will obtain plans, pay any remaining fees and schedule Pre-Cover inspection at issuance of permit.
- 5. Contractor will be responsible to have approved plans on site and schedule all remaining inspections.
- **6.** If work is required beyond the scope of the approved plans a formal revision must be submitted prior to specific work being started.

FEE SCHEDULE:

(No Plan Review fees will be assessed unless the Project Coordinator determines the need.)

| 1. Building Permit Fees applicable under Corvallis Municipal Code Section 8.03.300.010 shall be as follows: | | |
|---|---|--|
| 1.00 - \$500.00 | \$20 | |
| \$501.00 - \$2,000.00 | (\$20.00 for the first \$500.00) + (\$1.83 for each additional \$100.00 or fraction thereof) | |
| \$2,001.00 - \$25,000.00 | (\$47.51 for the first \$2,000.00) + (\$7.94 for each additional \$1,000.00 or fraction thereof) | |
| \$25,001.00 - \$50,000.00 | (\$230.31 for the first \$25,000.00) + (\$5.97 for each additional \$1,000.00 or fraction thereof) | |
| \$50,001.00 - \$100,000.00 | (\$379.69 for the first \$50,000.00) + (\$3.96 for each additional \$1,000.00 or fraction thereof) | |
| \$100,001.00 and up | (\$578.09 for the first \$100,000.00) + (\$3.31 for each additional \$1,000.00 or fraction thereof) | |
| 2. Building Plan Review Fee | Plan review fee shall be equal to the building permit fee. | |
| 3. Service Enhancement Review Fee | January 1, 2012; 40% of the building permit plan review fee. | |
| | January 1, 2013; 67% of the building permit plan review fee . | |
| 4. State Surcharge 12% | 12% of Building Permit fee. | |